



STATE OF TENNESSEE
TENNESSEE EMERGENCY COMMUNICATIONS BOARD
DEPARTMENT OF COMMERCE & INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0582
Telephone: 615-253-2164 Fax: 615-401-7642

RANDY PORTER
CHAIRMAN

LYNN QUESTELL
EXECUTIVE DIRECTOR

Non-Wireline Provider Remittance - PREPAID¹
Confidential Information

From (Company): _____
Address: _____
Contact Name: _____ Title: _____
Telephone Number: _____ Fax Number: _____

Pursuant to Tenn. Code Ann. § 7-86-108(a)(1)(B), all non-wireline service providers are required to collect an emergency telephone service charge from each subscriber and user whose place of primary use, as defined by Tenn. Code Ann. § 67-6-102, is in Tennessee.² This form and the remittance shall be submitted to the Tennessee Emergency Communications Board (ECB) no later than thirty (30) days after the last business day of each two-month collection period. Pursuant to Tenn. Code Ann. § 7-86-317 and Tenn. Comp. R. & Reg. 0780-6-1, the information provided to the ECB on this form is deemed proprietary and will not be released as a public record.

For customers who pay for service prospectively, known as prepaid customers, the service charge may be remitted to the ECB under one of two methods.³ Choose one of the prescribed methods identified below and complete the following accordingly.

- ☐ **Method 1:** The provider collects the service charge from each active prepaid customer whose account balance is equal to or greater than the amount of the service charge.
- ☐ **Method 2:** The provider divides the total earned prepaid non-wireline revenue received within the reporting period by fifty dollars (\$ 50.00), and multiplies the quotient by the service charge amount.

The following is a report for the period from: _____ through _____
(Date) (Date)

Total Active Prepaid Customers or Earned Prepaid Non-wireline Revenue divided by \$50.00 for the following service:

	MONTH 1	MONTH 2
CMRS (cell phones)	_____	_____
VoIP	_____	_____
Other: _____	_____	_____
Total	_____	_____
Gross Collection	_____	_____
Less Administrative Fee ⁴	_____	_____
Net Collections Due	_____	_____

If the Gross Collection amount shown for Method 1 remittances is different than the number of active prepaid customers times \$1.00, please explain: _____

Total remittance: _____ **Effective date of remittance transfer:** _____

I certify that I am authorized to provide this remittance information on behalf of the company listed above and that, to the best of my knowledge and belief, the foregoing remittance is accurate, complete, and is the correct amount due.

Signature: _____ Date: _____
Name (Print): _____ Title: _____

¹ Please use this form to account for all users and subscribers who are billed prospectively, known as prepaid customers. For retrospective users and subscribers, please use the form entitled "Non-Wireline Provider Remittance – STANDARD."

² "'Place of primary use' means the street address representative of where the customer's use of the [non-wireline] service primarily occurs, which must be the residential street address or the primary business street address of the customer. In the case of mobile telecommunications service, 'place of primary use' must be within the licensed service area of the home service provider." 2007 Tenn. Pub. Acts 602.

³ Tenn. Code Ann. § 7-86-108(a)(1)(B)(iv).

⁴ Pursuant to Tenn. Code Ann. § 7-86-108(a)(1)(B)(ii)(a), each non-wireline provider is entitled to retain as an administrative fee an amount up to three percent (3%) of its collections of the service charge.